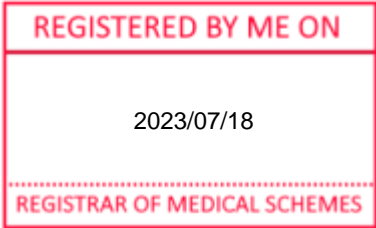


HEALTHCARE SERVICE	BASIS OF COVER	ANNUAL LIMITS	CONDITIONS/REMARKS
MAXILLO-FACIAL AND ORAL SURGERY	100% of cost for Bankmed Network Specialists: DSPs 100% of Scheme Rate for non-DSPs	Limited to PMBs	Subject to pre-authorisation and PMB regulations.
PREVENTATIVE AND BASIC DENTISTRY Scale and polish, routine extractions, x-rays to support diagnosis, restorations (amalgam and resin only), basic root canal therapy (including emergency), full and partial plain plastic dentures obtained at a preferred provider and clasps/repairing of dentures (plastic only)	100% of cost for DSPs	Unlimited	At Preferred Provider Network (Bankmed Dental Network), and according to Scheme approved formulary.
ADVANCED DENTISTRY Caps, crowns, bridges and cost of endosteal and ossea-integrated implants	No benefit	No benefit	
ORTHODONTICS	No benefit	No benefit	
ALL OTHER DENTAL SERVICES <ul style="list-style-type: none"> Second and subsequent examinations in the same year; X-rays 	100% of cost for DSPs	Unlimited	At Preferred Provider Network (Bankmed Dental Network), and according to Scheme approved formulary.
OPTOMETRY			
Consultations	100% of cost	One consultation pb every two years	Benefits via Preferred Provider Network (Iso Leso Optometry Network) only.
Frames and extras	100% of cost	One frame pb every two years	No benefit for readymade readers on this plan.
Prescription lenses	100% of cost	One pair of lenses pb every two years	
Contact lenses	No benefit	No benefit	
Fitting of contact lenses	No benefit	No benefit	
Other optometric services Refractive surgery/excimer laser treatment, hospitalisation and associated costs	No benefit	No benefit	No benefit, including the cost of hospitalisation, medication and all other associated services.